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TEACHING ABOUT ALCOHOL IN CONNECTICUT SCHOOLS - A GUIDE FOR TEACHERS AND ADMINISTRATORS.

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Guidelines for secondary teachers involved in teaching about the use of alcohol are presented. Sections include (1) aims and objectives, (2) content, (3) facts about alcoholism, (4) suggested student activities and teaching procedures, and (5) methods of student evaluation. Selected teacher, student, and supplementary references are listed. Annotated lists of motion picture films and periodical literature related to alcohol education are also included. (AG)

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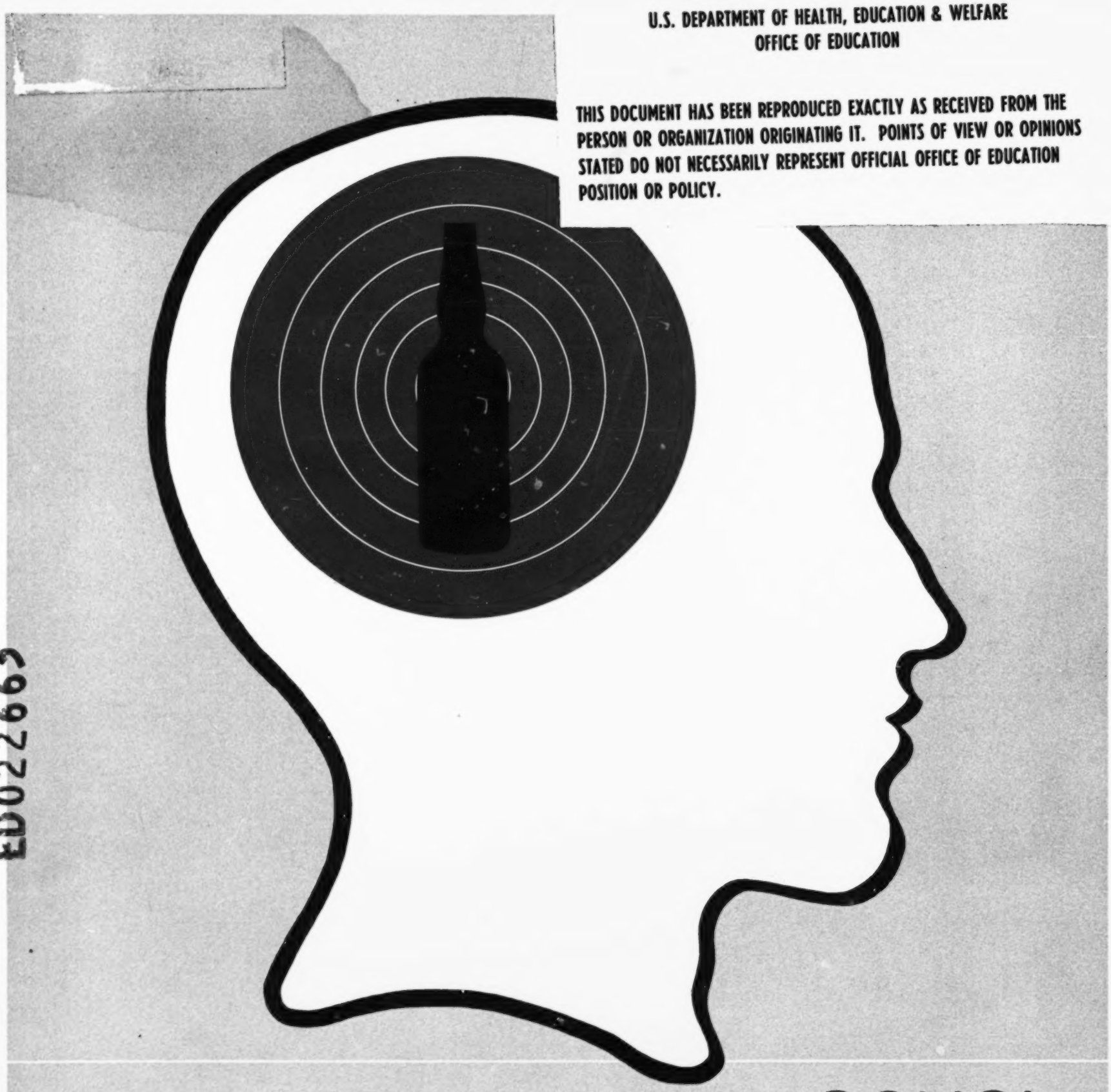

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TEACHING ABOUT ALCOHOL IN CONNECTICUT SCHOOLS

a guide for teachers and administrators

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Teaching about Alcohol in Connecticut Schools

A Guide for Teachers and Administrators

A JOINT PUBLICATION OF THE
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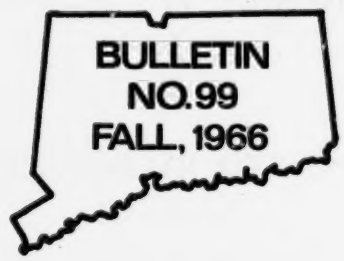

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Acknowledgments

This publication is a complete revision of an earlier State Department of Education bulletin on Teaching about Alcohol.[1] The sound basic philosophy and approach suggested then has been expanded to make this bulletin serve as a resource unit, which includes: (1) greater emphasis on alcohol instruction as a challenge to education; (2) the unique risks for teenagers in using alcoholic beverages; (3) suggestions on teaching methods, content, evaluation techniques; and (4) an updated section of helpful references and resources for teachers.

Although many local school systems have well-developed units of teaching in this area, it is hoped that this bulletin will provide guidelines to teachers and administrators as they take a critical look at their alcohol education program. The questions around drinking are indeed an important educational area for today's boys and girls and one in which educators must have sound, acceptable and effective approaches.

This bulletin is a joint publication of the State Department of Education and the State Department of Mental Health's Alcoholism Division, both of which have responsibility for education in this area.

The contents of the revised bulletin were developed by a special committee of teachers, co-chaired by Dr. Ruth V. Byler, Consultant in Health Education, State Department of Education, and Donald J. Anneser, Educational Director, Alcoholism Division, State Department of Mental Health. Members of the committee were:

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[1] *Bulletin No. 44, Suggested Approach to Alcohol Education in Connecticut Schools, Connecticut State Department of Education, 1950.*

FOREWORD: To the Administrator

Social drinking today is an accepted part of our society. This makes it particularly essential to give sound education on the use and misuse of alcoholic beverages to our young people.

Although the responsibility for the health of the child and for his moral, ethical and social adjustment belongs initially to the family and home, the community, church and school share this responsibility.

The school responsibility is specifically recognized in the Connecticut State Law:

> Sec. 10-19. Effect of alcohol and narcotics[1] to be taught. The effect of alcohol and narcotics on health, character, citizenship and personality development shall be taught to pupils above the fifth grade in the public schools; and, in teaching such subject, textbooks and such other materials as are necessary shall be used. This section shall apply to classes in ungraded schools corresponding to the grade designated herein. State colleges shall give instruction on the subject prescribed in this section and concerning the best methods of teaching the same. (February, 1965, P.A. 140, S. 1.)

The question then becomes "How can this be done most effectively in the local schools?" The decision as to who should teach it, when, how and what should be taught are other corollary questions which must be answered by the local administration and staff.

The following recommendations are made as guidelines:

Probably the best recommendation for education about alcohol in the elementary school program is *an overall emphasis on meeting the emotional needs of individual children in an important growth period.* Specific or direct instruction regarding the use and misuse of alcohol should be included in the curriculum when there is evidence of student experimentation, interest or problems, or where the community social patterns warrant it.

From evidence presently available, it is *recommended that the major emphasis on education about alcohol be placed at the early junior high school level, and again during the latter part of senior high school.* As with all social and health problems it should be *an integral and planned* part of the instructional program at those points where real interest and problems are evident, and as any phase of an alcohol problem arises in a curriculum field, it should receive direct attention. Civics, Problems of Democracy, Health Education, Driver Education, Physical Education, Home Economics, Science are some of the more obvious areas.

In order to ensure that every student is reached, it is strongly *recommended that an adequate unit on alcohol be incorporated in a comprehensive Health Education curriculum, which should be an integral part of the basic curriculum program for all students.*

It is further *recommended that teachers who are selected to teach alcohol education be encouraged to up-date their preparation and background with current research findings and information regularly.* In-service workshops or seminars should be provided to orient *all* faculty members in the modern approach to education about alcohol since they may be involved through team teaching, an integrated approach or counseling.

Teaching aids such as films, slides, recordings, as well as teacher- and student-reference books and pamphlets *should be provided and kept up-to-date.*

Suggestions of *how* education about alcohol can be taught, and *what* should be taught, will be included in this publication .The details of final selection of content and methods is a decision of the teacher which depends upon the needs and interests of the local students and the time available. Some guidelines as to aims, objectives, and basic facts will be offered together with a list of selected and helpful references and resources.

[1]*Education about narcotics is covered in another publication.*

WHY EDUCATION ABOUT ALCOHOL? 1

THE CHALLENGE

There is no blinking away the fact that the use of alcoholic beverages in present-day society is surrounded by a multiplicity of problems. The use of alcoholic beverages in any community is accompanied by behavior on the part of some drinkers which affects many others in the community – non-drinkers as well as drinkers. Public and private intoxication, traffic accidents, court and jail situations arising from drunkenness, neglect of family and job responsibilities, debts and disorganization of the individual in his relation to the community, are some of the problems which become a burden to society.[1] Herein lies an unusual aspect of alcohol problems. Excessive use of alcoholic beverages takes a direct and tragic toll of other individuals in the community and makes it imperative that solutions be found. Increasing social tentions and complexities are now intensifying the problems.

There now appears to be no one solution for these complex problems. A comprehensive approach must include continued scientific research on broad social measures, education of the individuals in our society, and rehabilitation of alcoholics. Each of these broad categories has many ramifications and possibilities which should be pursued to the fullest extent. But the focus of *this* document is to furnish guidance to Connecticut schools in the formulation of sound programs of alcohol education.

DRINKING AND YOUTH

Deciding whether or not to drink confronts every young person of school age.

Is this decision made at age 21?

No. The chances are good that most young people have had their first experiences with alcohol. A round-up of recent studies shows the following drinking practices in young people.[2]

The first drink was at age 13 or 14, almost always at home with parents' knowledge and approval;

Almost all have experimented during high school – though a pattern isn't necessarily set;

Drinking is associated with the adult role: its use is seen for conviviality or celebrating a special event, though some persons drink to relieve tensions and some to "rebel." Drinking is seen more for what it does "for" rather than "to" a person;

In some parts of the country, 3-4 in 10 young people drink; in other, 6-8 in 10;

The closer a young person comes to adult responsibilities (work, marriage, military service) the more likely he or she is not to abstain;

Only a minority considers drinking wrong under all circumstances;

Minimum age laws have little to do with drinking prevalence;

Drinking practices are influenced primarily by the adults in the family;

These patterns have not chnaged significantly in recent years.

So, as students walk across the stage at graduation, they have already decided – in almost every case – about drinking or abstaining. A set of attitudes has been developing since that first drink was offered. A pattern may have already been built: John may favor the moderate, controlled use of alcohol as a "social lubricant" only; Mary may have a casual indifference; Joe may be violently opposed; George may be on the road to serious dependence on alcohol as a way of escaping his problems.

For adults, drinking is not illegal. Nor does it necessarily lead to problem drinking. Alcohol consumption does not *have* to lead to any sort of trouble; indeed, millions drink without personal difficulties or social complications.

[1] *McCarthy, R. G. and Douglass, E. M. Alcohol and Social Responsibility. N. Y., Crowell, 1949.*

[2] *See also Teen-age Alcohol Use – A review of Current Studies, Alcoholism Division, Connecticut State Department of Mental Health, 1964.*

If drinking can be acceptable behavior for adults, then why is it of unusual concern and importance in teenagers' education?

Listed are an even dozen answers to that sensitive and recurring question. Others can probably be added. Some will appeal to certain of the students, others may be meaningless to the same students. It's unlikely that they'll all seem important to any one teenager; conversely, no young person can ignore all of them. Many of them are equally applicable to adults but have special significance for teenagers.

IMPORTANT POINTS TO STRESS REGARDING TEENAGE DRINKING

1. *Teenagers are often affected more quickly and more severely by alcohol than adults* — Most teenagers are smaller and have less body tissue in which to dilute alcohol; hence, a given amount of alcohol produces a higher concentration of alcohol in the blood, and dulling effects are more rapid.

2. *Teenagers are more likely to be susceptible to "psychological intoxication"* — Teenagers react in emotional extremes (excitement of the prom, first love, football victory, car, etc.) and are predisposed to being "'psychologically intoxicated" before physical intoxication could occur.

3. *Teenagers need to learn wholesome ways of meeting problems rather than masking or hiding them* — Finding than a drink changes feelings, there's a temptation to drink before occasions where feelings can be troublesome. It's better to learn to understand and cope with them in ways which encourage personal growth.

4. *Teenagers are more likely to become ill from drinking* — The pyloric sphincter may spasm because of sensitivity to substances to which it is not accustomed; nausea and/or vomiting may result.

5. *The combination of inexperience in drinking, inexperience in driving, and emotional immaturity can be deadly!*

6. *Alcohol supplies calories, but not the elements of proper nutrition.*

7. *Alcohol releases inhibitions* and can contribute to impulsive and risky acts.

8. *Intoxication* may bring embarrassment and attendant social consequences.

9. *Reputation* — Teenagers value their reputations, and by and large have enough pride not to want a bad reputation.

10. *Alcoholism* — Statistically, at least, starting to drink gives a person roughly a 1-in-12 chance of becoming an alcoholic. (Two-thirds of all alcoholics drank when young.)

11. *The consequences of arrest and "criminal record"* — may be detrimental to many careers and disastrous in some.

12. *In Connecticut,* no person may sell alcoholic beverages to a minor (one under 21 years of age) without subjecting himself to criminal penalties. Also, no person, except the parent or guardian of a minor, may deliver or give such liquors to such minor, except on the order of a practicing physician, without subjecting himself to criminal penalties.

SUMMARY

Since drinking is a permitted pattern for adults in our society, the irresponsible or uncontrolled use of alcoholic beverages presents major problems to society and individuals. People therefore look to education as a major solution. Drinking presents risks for youth and this gives added emphasis to the need for clear understanding of the possible implications for choices by young people.

The solution is no longer a "for-or-against" controversy any more than one can argue against having automobiles because of the high death rate on the highways. Schools can and should approach alcohol education in the same manner as they do other social problems which affect individuals. To do this, some schools may need to re-examine and re-think their present approach to alcohol education.

2 ENTERING VIA THE FRONT DOOR

A SOUND APPROACH

The challenge is to present alcohol education in a sound, understandable educational approach that will make sense to youth and also assist them in making intelligent decisions about drinking. If a basic goal of education is to provide learning experiences which will teach young people how to meet personal problems so that they may become mature, responsible adults, then the problems stemming from the irresponsible use of alcoholic beverages may loom high on the list.

Problems arise because of ignorance about how alcohol affects the life processes, both physiologically and psychologically. They arise because of disagreements about standards of use and patterns of use. They arise because some people have used alcohol as a means of social participation while others use it as relief or reward in difficult situations or problems which appear to be insoluble.

Young people face one immediate and likely consequence of drinking: *intoxication*. Alcoholism, to them, is only a distant possibility — and automobile accidents due to drinking happen only to "the other guy."

One of the most important, if indirect, contributions the educational program of schools can make in preventing alcoholism in later years, is through its emphasis on sensitivity to individual needs and problems, on proceeding at the individual's rate of learning, and on helping the maladjusted child. Indeed, the school which is meeting the needs of youth has gone a long way toward a solution of the alcoholism problem. This approach is particularly important at the elementary school level.

Effective secondary level programs of guidance and specialized activities — alongside direct instruction about alcohol — may offer opportunities for the growing personality to learn to use the realities of the environment for personal achievement and satisfactions. These activities may include club work, social and square dances, team and individual sports with carryover value in after-school leisure-time activities, the encouragement of camping experiences, creative activities in art, music, handicrafts and hobbies of all types.

A crucial problem in alcohol education, then, is helping the individual to understand himself, his emerging personality, his emotional needs, and what he can do about them in order to reach his own goals in life. An examination of the role of drinking then becomes relevant to him.

AIM AND OBJECTIVES

The aim of alcohol education, then, emerging from this philosophy and approach, is to help students develop the ability to make intelligent decisions concerning the use of alcohol in everyday situations.

The Basic Objectives should be:

1. To present scientifically valid information about the physiological, psychological and socio-economic effects of alcohol;
2. To provide a classroom environment where young people may examine and clarify their own feelings and attitudes about the use of alcohol in view of the diverse public attitudes and practices regarding drinking;
3. To develop a sense of responsibility in the student for his own welfare and that of others in regard to the use of alcohol.

3 WHAT TO TEACH ABOUT ALCOHOL

SUGGESTED CONTENT

The content and scope to be taught about alcohol should include the (1) physiological, (2) psychological, and (3) socio-economic aspects of alcohol use. This may be dealt with in greater or lesser depth depending upon:

1. Level of maturity and sophistication of students.
2. Problems and interests of students and community.
3. Time available to present the unit.
4. Teaching aids, materials and facilities available.

Teachers might select from the following categories of SUGGESTED TOPICS the basic content which they feel is most important for their students, developing each topic with supporting ideas and materials from the references given later.

Topics are roughly listed in each column to group the simplest, the intermediate, and the more complex. The spaces between groups of items in each column may give some guidance for selection by educational level of the students. Some topics may have multiple aspects and be listed in more than one column (e.g., "Hangover" involves both physiological and psychological considerations).

As indicated above, the content and scope of the teaching unit should include pertinent topic areas from all three categories (Physiological, Psychological and Socio-economic) in order to present a complete picture.

SUGGESTED TOPICS

PHYSIOLOGICAL

Is alcohol a food?
Types of alcohol
Is alcohol a stimulant?
Industrial uses of various alcohols
Alcohol was an accidental discovery
Alcohol as a drug, analgesic, anesthetic
Alcohol as disinfectant
Alcohol as poison (child safety)
Effect on speech
Effect on hearing
Effect on reaction time
Effect on muscular coordination
Effect on vision
Does alcohol quench thirst?
Is drinking fattening?
Alcohol as a dehydrant
Path of alcohol through body
Should athletes drink?

Intoxication
Poisonous alcohols consumed
Types of alcoholic beverages
Alcohol's path through the body
Concentration levels of alcohol in the blood
Organs affected by alcohol
Hangover
Alcohol use vs. Narcotics use (similarities and differences)
Unique risks of teenage drinking
Alcometer
Caloric value
Alcoholic content of different beverages (proof)
Allergy to alcohol
Experiments with animals
Deaths from alcoholism
Deficiency diseases related to excessive drinking
Cirrhosis of liver
Fermentation
Distillation
Absorption vs. digestion
Factors affecting rate of absorption

Alcohol metabolism
Brain damage from alcoholism
Illnesses tied to alcoholism
Alcohol as a medicine
Physiological causation theories af alcoholism
Chemistry of alcoholic beverage manufacture
Alcohol reaction causing substances (treatment of alcoholism)
Alcohol as appetite-arouser
Tolerance to alcohol
Fallacy of "home" cures
Life expectancy of drinkers/alcoholics

PSYCHOLOGICAL

Differing attitudes about alcohol use
Social drinking — excessive drinking — alcoholism
"Chemical comforts," "pill-taking generation"
Reasons why people abstain
Effect on ability to concentrate
Release of inhibitions
Impaired judgment
Reasons why people drink (individual motivations)

Problem drinking
Alcoholism as an illness
Alcoholism statistics (by country, by state)
"Psychological intoxication"
Alcohol use vs. Narcotics use (similarities and differences)
Hangover
Unique risks of teenage drinking
Advertising
Addiction syndrome
Alcoholism and "willpower"
Why people drink excessively
Definitions of alcoholism
Reasons to abstain until age 21
Will heavy drinkers become alcoholics?

Sources of help for the alcoholic
Religious influences as controls
Alcoholism's warning signs
Characteristics of the alcoholic
Psychological causation theories of alcoholism
Treatment of alcoholism
Propaganda — pro and con
Withdrawal phenomena
Alcoholic's wish to recover
Incarceration or treatment for alcoholics?
Delirium tremens
Ex-alcoholics
Promiscuity
Rehabilitation of alcoholics
Different types of alcoholism
Drinking in films and fiction
Ratio of male to female alcoholics

SOCIO-ECONOMIC

Automobile accidents
Pedestrian accidents
Minimum age laws
Laws about drinking and driving
Origins of alcohol use
Problems caused by intoxication
Commonly-held myths about drinking
Public opinion polls
Cultural differences in types of beverages consumed
Biblical references
Church attitudes toward drinking
Politely refusing a drink

Advertising
Careers affected by criminal convictions (for intoxication)
Alcohol consumption rates (by nation, state, town)
Prohibition, then and now
Taxes on alcohol
"Skid Row"
Industry losses
National, state and local expenditures on alcohol
Why adults drink (social forces)
Why some teenagers drink (social forces)
Early temperance movements
Liquor tax wars
Tax dollars spent because of alcohol misuse
Unique risks of teenage drinking
Driving laws
Chemical tests for blood alcohol level
Insurance aspects of drinking
Hospitalization insurance for alcoholics
Folk-lore
Traffic violations related to alcohol use
Wage losses due to alcohol misuse
Why prohibition was repealed
"Possession" law
Drinking and the family budget

Cultural drinking pattern differences
Cultural alcoholism differences
Criminal behavior
Alcoholism in fiction
Bootlegging
Alcoholism since prohibition
Sociological causation theories of alcoholism
Family disruption in alcoholism
Liquor control agencies
Careers in alcohol field
Hostess should offer choice of drinks
Economic value of beverage industry
National, state and local agencies for treatment and/or prevention of alcoholism
Estimation of alcoholism prevalence
Alcoholics Anonymous, Al-Anon, Alateen
Rutgers University Center of Alcohol Studies

BASIC FACTS

Student attitudes and convictions help them make their decisions concerning drinking; these should therefore be based on facts as well as on attitudes.

The following list of selected basic facts is presented as an example of the type of material which can be developed for curriculum use. Teachers are encouraged to add aditional facts from sources such as "Alcohol Education for Classroom and Community" (McCarthy), and other resources presented in Section 6.

SELECTED PHYSIOLOGICAL FACTS

1. Alcohol is one of the few substances which is absorbed into the blood directly from the stomach and intestines without digestive changes; it can be detected in the brain approximately 30 seconds after ingestion.
2. Oxidation of alcohol may liberate a large amount of heat calories, but it fails to provide vitamins, minerals and proteins. Excessive and chronic use of alcohol may lead to nutritional diseases and impaired liver function.
3. Alcohol is an irritant, especially to mucous membranes, and may cause inflammation of the lining of the stomach.
4. The physical diseases associated with chronic alcoholism are essentially nutritional disturbances, due chiefly to the inadequate diet of the inebriate. Excessive drinking tends to lower the resistance of the body to disease.
5. Alcohol dilates tiny blood vessels which causes skin temperature to rise, making the person feel warmer. Actually the body temperature drops 1-1½ degrees, and resistance to cold is lowered.
6. In Connecticut, drivers whose blood contains 0.15% or more alcohol by weight are considered "under the influence." However, there are other states that recognize 0.10% as being "under the influence" (New York is such a state). Scandanavian countries are noted for their strict enforcement.
7. Neither alcoholism nor excessive drinking (on the part of either or both parents) is inherited in the genetic sense. However, many problem drinkers come from families where either or both parents are problem drinkers.

SELECTED PSYCHOLOGICAL FACTS

1. Alcohol use can be generally classified as: (1) *social drinking* as done under control by about two-thirds of Connecticut's adult population; (2) *excessive drinking,* a broad range including those who have problems related to their misuse of alcohol but still drink by choice; and (3) *alcoholism,* the advanced state of apparently uncontrollable excessive drinking which has progressed to pathological dependency.
2. *A risk for most young people revolves around the immediate probability and consequences of intoxication, rather than the distant possibility of becoming an alcoholic.*
3. Some educators believe that another risk is the learned use of alcohol as a substitute for the developing of social skills.
4. Alcohol affects the central nervous system and is a progressive nerve depressant acting as a sedative in small amounts and as an anesthetic in large quantities.
5. Alcohol is not a stimulant; the feelings of stimulation from alcohol occur because of the release of inhibitions and a submersion of anxiety. It does not "cure" the feeling of inferiority, but through impairment of judgment gives a temporary illusion of superiority, a false feeling of confidence.
6. Even small amounts of alcohol have some effect on judgment and on the release of inhibitions.

7. Adults drink primarily:
   a. to be sociable
   b. for physical and emotional relaxation
   c. for fun and taste

8. Teenagers experiment with alcohol:
   a. to imitate adults
   b. to be one of the crowd
   c. to rebel against controls

9. Alcoholism is a behavioral disorder characterized by compulsive, uncontrolled drinking which interferes with the drinker's functioning. Delirium tremens is a psychotic state marked by hallucinations occurring in a small percentage of advanced alcoholics.

SELECTED SOCIO-ECONOMIC FACTS

1. Drinking exists as part of our social system.

2. The amount and kinds of drinking in a culture are influenced by the tensions created, the attitude toward consumption by its members and the opportunities which the culture provides for obtaining suitable life satisfactions.

3. Drinking drivers may well be a major factor in our nation's traffic fatality picture. Recent Connecticut figures show that at least *four to five of every ten* fatal traffic accidents involved a drinking driver (and this is thought to be *under*-reported). Some national figures say drinking drivers are involved in at least 60% of all fatal highway accidents. Further, studies suggest the probability of having an accident is from four to ten times greater for the drinking driver than for the sober driver, depending on the amount of alcohol consumed.

4. In Connecticut, alcohol-related offenses are estimated to account for up of 50% of police arrests. About 50% of the jail inmates have alcohol-related problems. From 15 to 30% of the troubled marriages coming to divorce courts or family service agencies are alcohol-disrupted.

5. Some General Statutes of Connecticut seeking to protect people from the misuse of alcohol are:

   "Minimum age" — permittees may not sell or deliver alcoholic beverages to persons under age 21 (Sec. 30-86)

   "Drinking and Driving" — no person may operate a motor vehicle on a public highway while under the influence of intoxicating liquors (Sec. 14-227a)

   "Possession" — minor may have license suspended for having alcoholic beverage in car (Sec. 14-111a)

   "Procuring alcoholic beverages by false statement" — minors who purchase or attempt to purchase alcoholic beverages, or who make a false statement for the purpose of purchasing, are subject to criminal penalties (Sec. 30-89)

   "Inducing minor to procure alcoholic beverages" — any person who induces any minor to procure alcoholic beverages from a person permitted to sell same, is subject to criminal penalties (Sec. 30-87)

6. Connecticut has ranked 9th of 50 states[1] in rate of alcoholism, according to Rutgers Center of Alcohol studies. The Alcoholism Division, Connecticut State Department of Mental Health, estimates that about 100,000 Connecticut people are alcoholics. It is thought that alcoholism is wider spread in big cities than in rural areas — but a rough estimate of local prevalence might be obtained by multiplying the local population by 3 percent.

7. Alcoholic employees (about 3 percent of the total in any given company) are costly in terms of absenteeism, accidents, turnover, production errors, lowered morale, and damaged public opinion. Current national estimates place the economic loss in the vicinity of two billion dollars annually.

8. It is estimated that at least 90 percent of the alcoholic population in Connecticut has not sought help from any source.

9. Excessive use of alcohol limits, or makes impossible, approved individual participation in a complex society.

[1]*First 8 states in order are: Nevada, California, Rhode Island, Massachusetts, New York, Illinois, Missouri and Wisconsin.*

4 STUDENTS LEARN IN MANY DIFFERENT WAYS

The traditional lecture method at best, seems to have only a limited use in alcohol education. In an area where opinions and attitudes are such basic elements, student participation through discussion and exchange, through planned research and study becomes a prime requisite for effective instruction. Imaginative use of the methods which follow should bring a dramatic return in terms of student understanding since they have a built-in capability of drawing on each student's feelings of alcohol's meaning to him.

As with other teaching units, the teacher will want to select and plan for the most appropriate and effective methods to use for *Introductory Activities,* for *Individual and Class Activities,* for *Culminating Activities* and for *Evaluation Activities.* The following lists of methods, adapted from Todd[1] with very brief descriptions, should stimulate creative approaches which will lend themselves easily to one or more of the phases of the plan for a teaching unit.

The suggested methods are grouped under the following headings: Discussion; Dramatization; Student Investigations; Audio-Visual Aids; Reading, Listening and Using Outside Resources. Evaluation Activities will be further developed in Section 5.

DISCUSSION

. . . . basically an open-ended verbal exchange of facts and opinions for enlightenment, or for resolution of a question or problem.

1. "Buzz" sessions — Sub-groups consider a specific question or problem and summarize their deliberations and/or conclusions to the class.
2. Symposium — Several class members each present information to the class on a particular phase of a question or problem. This is usually followed by their answering questions from the floor.
3. Quiz program — Competition between individuals or teams to answer correctly objective questions. Students can do the judging.
4. Open-end discussion — Teacher proposes a hypothetical situation, then withdraws and lets class discuss it.
5. Question pursuit — Teacher presents real or contrived situations around alcohol use or misuse, then presents probing questions to draw out student's views. This method is best used in subjective areas of human behavior.
6. Interpretation — The class members give their views of the meaning, ramifications, etc. of a news item, advertisement or fiction.

DRAMATIZATION

. . . . a form of expression in which the students not only are allowed to apply their creativity but in which their deeper feelings about the subject in question can be brought to the surface.

1. Sociodrama ("Role-playing") — Students take roles and continue the action in a social situation involving alcohol.
2. Debate — Two students or teams support opposing points of view regarding alcohol use or abuse. Standard debate rules govern this procedure.
3. Radio, television broadcast — These may be quite feasible at stations which emphasize local programing. Original or student-prepared material (fiction or non-fiction) may be used.
4. Presenting a program to other groups — The writing and performing is done by the students with the teacher's acting the consultant.
5. Music — Students write both words and

[1]*For more detailed explanations, directions and examples, consult Todd, Frances. Teaching About Alcohol. McGraw-Hill, New York, 1964.*

music for a song (e.g., a "protest" song against the conformity of "following the crowd" if it drinks) to be performed before another group.

6. "Commercials" — A contest could be held for the best message (with or without music) about alcohol-related attitudes or behavior; student or outside judges may be used.

STUDENT INVESTIGATIONS

. . . . a student starts with a question and finishes with a product which may or may not include an answer.

1. Survey — Students ask other groups their attitudes and/or practices regarding alcohol and then compile and report their findings to the class.

2. Interview — Students seek information through personal interviews with outside resource persons. This information is reported back to the class. Discussion may follow.

3. Individual research — This method generally involves: (a) stating the problem, (b) setting up hypotheses, (c) collecting data, (d) analyzing data, (e) drawing conclusions, and (f) reporting the findings. Whenever possible, each student should be allowed to choose his own project.

4. Laboratory experiments and demonstrations — The teacher may provide guidance as students carry out the actual experiments or demonstrations.

AUDIO-VISUAL AIDS

. . . . the use of mechanically-presented sight and sound images as another series of methods to reinforce instruction and learning. (See also Section 6 — TEACHING AIDS)

1. Movies
   - For most effective use of this aid, the teacher should carefully preview each film before its use.
   - Don't hesitate to show only a portion of a film.
   - Some teachers prefer to show a movie twice: once for the class to absorb the novelty and "entertainment" factors, then a second time to concentrate on the content. This is especially valuable if class members tend to linger on the styles of dress, dancing, automobiles, etc. presented.
   - No film can effectively stand alone. Prepare the class for the content and purpose of the film, discussing points of special importance. Plan a discussion and question period to follow each film.

2. Filmstrips and Slides
   - Considerable flexibility can be offered in this type of presentation, e.g., showing selected portions or changing the sequences.
   - The considerations above for "movies" apply to Filmstrips and Slides as well.

3. Tape recordings
   - This medium can hold audio information indefinitely.
   - Tape recordings can "bring in" outside speakers at everyone's convenience.
   - Students can tape their own class discussions or reports for later review and evaluation in light of greater knowledge and deeper insights.

4. Overhead and opaque projectors
   - These tools present printed material of limited physical size to the class quickly and effectively. Preparing materials for these tools uses such simple techniques that student involvement is strongly suggested.

5. Television and radio programs
   - Programs about alcohol on local or network radio or television usually are promoted in ad-

vance. Depending on the circumstances surrounding each program (e.g., appropriateness of material, level of presentation, lateness of hour, etc.), the teacher can assign students to listen to or view selected programs.

- Previewing is usually impossible but local stations may have printed promotional material about upcoming programs which can be helpful to the teacher.
- When a preview cannot be arranged and the program takes place after school hours, the teacher while viewing or listening can make lists of key points and questions for discussion at the next class session.

6. Charts, graphs, tables, exhibits, posters, cartoons

- While readily available from outside sources, these information devices lend themselves perfectly to local creation by students.
- Not only does this medium require a thorough understanding of the area, but it allows considerable latitude for student ingenuity and creativity.
- Exhibits, posters and cartoons in particular lend themselves to judging and competition.

READING, LISTENING, USING OUTSIDE RESOURCES

1. Reading

- Section 6, TEACHER AIDS lists some of the many excellent basic and general references for student reading. It should be noted that of the countless publications available on this subject, some represent solely the particular viewpoints of the author and the sponsoring organization. The teacher must be the final judge as to the suitability of each publication for classroom use.
- Reports to the class on assigned or selected reading may be given by individual students.

2. Listening

- Today's students seem to respond least to one-person oral presentations, particularly if interpreted as "preaching." However, guest lecturers if carefully chosen, can provide information in depth on selected areas in alcohol education.
- Many lecturers will usually have audio-visual materials to support their presentations.
- When selecting an outside speaker, the teacher must remember that he usually has a different frame of reference than the class. It may be necessary to press the speaker for further clarification of his terms and reasoning behind his points of view.
- The teacher should advise the speaker well in advance of the maturity level and interests of the class.
- The class should be prepared by: a) advanced reading or study into the lecturer's area; b) practice in taking notes most effectively; c) having some questions for the lecturer; and d) being encouraged to listen closely and to raise further questions about the presentation.
- A "question - and - answer" session between guests and students may well be the most meaningful part of the visit — and the teacher should arrange this as a built-in part of the program.

3. Using outside resources

- Writing to various agencies in the alcohol or alcoholism field can bring a wealth of useful information to the class.
- Agencies prefer only a single communication (perhaps a single class-composed letter, perhaps one envelope containing all of the letters of the class members).
- If agencies are unable to provide enough copies of the desired information for all students, a "rotation system," using the classroom or school library as a depository, may be indicated.

"HOW'RE WE DOING?" 5

EVALUATION TECHNIQUES

Simply stated, evaluation should give the teacher and students a picture of the degree of progress being made toward stated objectives of the learning unit. Evaluation should therefore be an integral and continual process in teaching about alcohol. By planning it so, teachers and students can examine the effectiveness of their efforts as they proceed, and modify where necessary, as well as keep a focus on their goals and how well they are realizing them.

Stated aims, objectives or desired outcomes need to be clearly defined and understood in order to evaluate. While the aim and objectives for alcohol education as stated earlier (page 7) are basic goals, teachers and students may wish to make these more specific or adapt them to a particular focus, e.g., the socio-economic aspects for the Social Studies class; effects of alcohol on coordination for Driver Education.

Evaluation can take many forms and use many techniques in addition to traditional tests for knowledge. It might well place emphasis on the values and progress of individual students.

Some evaluation techniques which may prove valuable and stimulating are:

- Pre- and post-surveys of attitudes
- Identification of problem interest areas
- Taping the feelings or reactions of students to various parts of discussion sessions
- Student self-evaluation
- Teacher observation
- Evaluating visual aids, films or tape presentations
- Evaluating exhibits of projects, displays, bulletin boards with students, other faculty members, or interested laymen
- Knowledge tests — student- and teacher-made
- Evaluating student plays, programs, interviews, research papers.

6 SELECTED REFERENCES AND TEACHING AIDS

NOTE: Various government funds may be available to finance purchase of teaching aids. Information would be available through local school administration or the Connecticut State Department of Education.

SELECTED TEACHER REFERENCES

Todd, Frances. *TEACHING ABOUT ALCOHOL.* McGraw-Hill, New York, 1964.

A comprehensive teacher's guide covering the "why, what and how" of teaching about alcohol.

McCarthy, Raymond G., ed. *ALCOHOL EDUCATION FOR CLASSROOM AND COMMUNITY – A SOURCE BOOK FOR EDUCATORS.* Mc-Graw-Hill, New York, 1964.

Non-technical in style, this collection of contributions by various authorities covers both facts and attitudes about the use and non-use of alcoholic beverages, and examines the social aspects of excessive use. Controversial issues are not avoided.

REPORT of the TEENAGE LIQUOR LAW COORDINATION, MARCH, 1965. Office of the Legislative Commissioner, State Capitol, Hartford, 1965.

Fifteen recommendations about Connecticut's teenage drinking are made by the Commission. A survey of teacher preparation institutions' and public school systems' attitudes and practices in alcohol education follows. Teenage alcohol use in many parts of the country is characterized in a review of studies.

Hochbaum, Godfrey M. *LEARNING AND BEHAVIOR – ALCOHOL EDUCATION FOR WHAT?* U.S. Department of Health, Education and Welfare, Report of Proceedings of Secretary's Conference on Alcohol Education held at Washington, D.C. in March, 1966. Washington, U.S. Government Printing Office, 1966.

A discussion of the dichotomy of "school" and "life" and its implications for effective alcohol education.

Maddox, George L. *DRINKING IN HIGH SCHOOL.* Newsletter, Association for the Advancement of Instruction about Alcohol and Narcotics, December, 1958. Reprinted by Rutgers Center of Alcohol Studies, New Brunswick, N. J.

An interpretive summary of several studies of high school drinking attitudes and patterns and a discussion of the potentialities and limitations of alcohol education for the teenager.

FILM SERVICE GUIDE. Alcoholism Division, Connecticut State Department of Mental Health, Hartford, 1966.

List of 16 mm. sound films available for free loan. The GUIDE is available upon request to the Alcoholism Division.

FOR PARENTS. Alcoholism and Drug Addiction Research Foundation, Toronto, Ontario, 1963.

Two articles for parents give special attention to the role of home and family in alcohol education. After a condensation of Maddox's interpretation of studies (above), three articles deal particularly with alcohol education in the schools.

[1]*CLASSIFIED ABSTRACT ARCHIVE OF THE ALCOHOL LITERATURE*
Rutgers Center of Alcohol Studies, New Brunswick, N. J.

An advanced tool for scholarly and scientific research in the alcohol field, the "Archive" consists of over 10,000 publication abstracts which are classified by subject and are continually updated. Abstracts can be read and determination can be made as to the need for the original publication.

[1]*INTERNATIONAL BIBLIOGRAPHY OF STUDIES ON ALCOHOL*
Rutgers Center of Alcohol Studies, New Brunswick, N. J., Vol. I-1966, Vol. II-1967.

The master world-wide bibliography of the alcohol literature. Volume I lists reference entries from 1901 through 1950; volume II consists of the Subject and Author indices for the first volume. Additional volumes are decennial supplements, released periodically.

McCarthy, Raymond G. *TEEN-AGERS AND ALCOHOL.*
Yale University, New Haven, 1956.

A basic teaching guide covering philosophy, organization and techniques of instruction in alcohol education. Detailed examples of class activities are featured.

SELECTED STUDENT REFERENCES

1. Textbooks — Most modern science and health education textbooks dated 1960 or later will contain authoritative information for alcohol instruction.
2. Pamphlets — The following pamphlets are available in limited quantities from the Alcoholism Division, Connecticut State Department of Mental Health. Write for sample copies and further information.

IT'S BEST TO KNOW

In a colorful, easy-to-read "comic book" format, this booklet covers basic facts about the use and effects of alcohol and the development of alcoholism.

FACTS ABOUT ALCOHOL

A "Basic Information Checklist" challenges the reader at the beginning. Answers are given, then facts follow about alcoholic beverages and their manufacture, alcohol in the body, drinking patterns, and alcoholism.

FACT SHEET:
ALCOHOLISM IN CONNECTICUT

Alcoholism in our state is briefly reviewed in terms of current prevalence figures and problems surrounding the illness; sources of help for the alcoholic are listed. .

CHARLIE'S PARTY

Normally-careful Charlie drives to a party, drinks, then heads for home — too soon after drinking. This pamphlet features the "Driver-WAIT-Meter" which shows the buildup of alcohol in the blood and the time one should wait before driving.

HOW ALCOHOL AFFECTS THE BODY

What happens in the body soon after drinking moderate or large amounts of alcohol? This booklet tells in simple terms, the effects of alcohol on the brain, liver, stomach and certain other organs. Alcohol as a "medicine" is discussed.

[1]*These references are available for use on the premises at the headquarters of the Alcoholism Division, Connecticut State Department of Mental Health, 51 Coventry Street, Hartford — telephone 242-6201.*

GAY JONESES

John and Sue seemed the "gayest" couple in the crowd, but John was heading toward alcoholism. Gayness becomes sickness, then desperation. John finally seeks help from the Alcoholism Division, Connecticut State Department of Mental Health, and starts the climb back.

ALCOHOLISM IS EVERYBODY'S BUSINESS

Connecticut was the first state to establish an alcoholism treatment program. This program — its aims, procedures, eligibility, etc. — is outlined for the Alcoholism Division's three types of facility: outpatient clinics, hospital (Blue Hills), and halfway house (Compass Club).

ALCOHOLISM — A FAMILY GUIDE

"Alcoholism — what is it?" "What can be done for *our* family's alcoholic?" "Where can *we* find help?" This booklet sheds light on these and other questions so often confronting the family of an alcoholic.

ALCOHOLICS ANONYMOUS —
44 QUESTIONS AND ANSWERS

This Alcoholics Anonymous publication answers some of the most frequent questions presented about alcoholism, AA organization and viewpoints, and its recovery program.

SELECTED SUPPLEMENTARY REFERENCES

Pittman, David J., and Snyder, Charles R.; eds. *SOCIETY, CULTURE, AND DRINKING PATTERNS.* Wiley & Sons, New York, 1962.

Pointing to the future, the editors collate the contributions of some 40 authorities in the alcohol field. This book presents a wide selection of the social science aspects of normal and pathological drinking patterns.

Block, Marvin A., M.D. *ALCOHOLISM — ITS FACETS AND PHASES.* Day, New York, 1965.

Alcoholism's many sides (e.g., why people drink; A.A.; young people; law) are explored in simple, non-technical language.

Jellinek, E. M. *THE DISEASE CONCEPT OF ALCOHOLISM.* College and University Press, New Haven, 1960.

The disease concept of five species of alcoholism is laid on a sound foundation of scientific principles. This book explores the development of attitudes toward alcoholism as a disease, analyzes varied approaches to alcoholism, and reviews current beliefs in this area.

Maddox, George L., and McCall, Bevode C. *DRINKING AMONG TEENAGERS.* Monograph #4 of the Rutgers Center of Alcohol Studies. College and University Press, New Haven, 1964.

What nearly 2,000 high school students think and do about drinking is tabulated and interpreted for the use of teachers, scientists and all others interested in the process of adolescent socialization and development.

Mann, Mrs. Marty. *NEW PRIMER ON ALCOHOLISM.* Holt, New York, 1958.

Immediately interesting and useful to all con-

cerned about alcoholism, this book discusses how people drink and the nature, symptoms and treatment of the illness.

Lucia, Salvatore, P., M.D., ed. *ALCOHOL AND CIVILIZATION*. McGraw-Hill, New York, 1963.

Twenty-one contributors present interdisciplinary views of alcohol use in its broad perspective. The overall tone of this book is less than negative.

TODAY'S HEALTH GUIDE, "Alcoholism," pp. 459-465. American Medical Association, Chicago, 1965.

Considerable information about alcohol use and alcoholism is condensed into a few pages of this comprehensive family health textbook.

Bacon, Selden, D., ed. *UNDERSTANDING ALCOHOLISM*. Annals of the American Academy of Political and Social Science, Philadelphia, January, 1958.

A full range of professional analyses of alcoholism as a medical and societal problem is presented in 16 separate articles.

ALCOHOLICS ANONYMOUS. Alcoholics Anonymous, New York, 1955.

Originally published in 1939, this book analyzes the principles which led to the sobriety of its earliest members, and gives a cross section of various members' personal stories.

AL-ANON FACES ALCOHOLISM. Al-Anon Family Group Headquarters, New York, 1965.

The alcoholic creates a multiplicity of problems for those close to him (or her); Al-Anon seeks to help those non-alcoholic loved ones. This book presents both short contributions by professionals on the socio-familial aspects of alcoholism, and meaningful vignettes of experience by numerous Al-Anon members.

PERIODICALS

QUARTERLY JOURNAL OF STUDIES ON ALCOHOL. Rutgers University Center of Alcohol Studies, New Brunswick, N. J. 08903.

A comprehensive journal of scientific and scholarly activities throughout the field of alcohol study.

JOURNAL OF ALCOHOL EDUCATION. Association for the Advancement of Instruction about Alcohol and Narcotics, 212 South Grand Ave., Lansing, Michigan 48933

Professionally oriented to educators, this periodical deals with both theoretical and practicing aspects of instruction. " 'Live' issues" in alcohol education are presented.

NEWSLETTER of the NATIONAL COUNCIL ON ALCOHOLISM. 2 East 103rd St., New York, N.Y. 10029

Published by the nation's only voluntary agency solely devoted to combatting alcoholism, this organ features happenings and news rather than theory and discussion.

AA "GRAPEVINE". Alcoholics Anonymous, 305 East 45th St., New York, N. Y. 10017.

The "Grapevine" (pun intended) is aimed at potential, "practicing," and recovering alcoholics. It contains many first-person experiences with alcoholism, but is basically light in tone.

CONNECTICUT REVIEW ON ALCOHOLISM. Alcoholism Division, Connecticut State Department of Mental Health, 51 Coventry St., Hartford 06112.

The whole of the material in the REVIEW is supplied by the Rutgers University Center of Alcohol Studies, and is technically oriented toward alcoholism treatment and research.

CONNECTICUT MENTAL HEALTH REPORTER. Connecticut State Department of Mental Health, 79 Elm St., Hartford 06115.

The REPORTER, department house organ, covers Connecticut happenings in mental health, including alcoholism.

AUDIO-VISUAL AIDS

The films suggested and described below are selected from a library of films maintained for school and public use by the Alcoholism Division, Connecticut State Department of Mental Health. For a complete list of available films, teachers are asked to write or telephone the Alcoholism Division.

It must be emphasized that final decisions about the suitability of any film for a group of students should be made by the classroom teacher.

TO YOUR HEALTH. Sound, color, 10 minutes. (#104)

This is a cartoon-type of film, produced by the World Health Organization. It presents, in condensed form, material on the action of alcohol in the human body, on the cultural background of the custom of drinking, on some aspects of contemporary society which influence people to use alcohol, and it includes a description of the illness of alcoholism as it may occur in certain individuals.

WHAT ABOUT ALCOHOLISM? Sound, 10 minutes. (#106)

A discussion film for use with youth groups. Shows conflicting opinions about alcoholism, its nature, etiology, and treatment. Summarizes various points of view and encourages discussion to continue by ending with the question, "What do you think of alcoholism?"

WHAT ABOUT DRINKING? Sound, 10 minutes. (#107)

An "open-end" discussion type of film dealing with the problems of drinking. A group of teenagers learn that schoolmates are involved in an automobile accident and that a bottle of alcoholic beverage was found in the car. This leads to a discussion of many different attitudes concerning the use of beverage alcohol. The film ends with, "What do you think of drinking?"

NONE FOR THE ROAD. Sound, 20 minutes. (#105)

This film has dual value in general alcohol education and in driver training. Reaction to varying amounts of alcohol is shown in rats by a laboratory demonstration, and in humans by the Aetna Driver Trainer. Youth then take part in a human interest story of a drinking-driving tragedy with an unexpected twist.

ALCOHOL AND THE HUMAN BODY. Sound, 15 minutes. (#101)

By the use of animated drawings and live photography, this film describes the action of alcohol in the body, its absorption and oxidation rates, and the effects of different levels of alcohol concentration in the body. The manufacture and types of alcoholic beverages, the changes in behavior resulting from alcohol in the blood, and this alcoholic as a community problem are discussed.

OUTSIDE RESOURCES

For further information and publication lists:

Connecticut State Department of Education
165 Capitol Avenue, Hartford 06115

Alcoholism Division, Connecticut State Department of Mental Health
51 Coventry Street, Hartford 06112

North American Association of Alcoholism Programs
323 Dupont Circle Building, Washington, D.C. 20036

Rutgers University Center of Alcohol Studies
New Brunswick, New Jersey 08903

National Council on Alcoholism, Inc.
2 East 103rd Street, New York, N. Y. 10029

Alcoholics Anonymous
P.O. Box 459, Grand Central Station,
New York, N. Y. 10017

American Medical Association
535 No. Dearborn Street, Chicago, Illinois 60610

National Institute of Mental Health
U.S. Department of Health, Education, and Welfare
Bethesda, Maryland 20014

Al-Anon Family Group Headquarters
Box 182, Madison Square Station
New York, N. Y. 10010